

Department of State Health Services Response to House Committee on Appropriations Request for Information – Oct. 2020

Interim Charge 1: Related to Women/Maternal/Infant Health

HB 253 – Postpartum Depression Strategic Plan

Scope:

- HHSC is required to develop a strategic plan to address postpartum depression (PPD). HHSC is required to with the Department of State Health Services (DSHS) consult with in developing and reviewing the plan.

Progress:

- DSHS contributed content to HHSC's report. DSHS content consisted of descriptions of the DSHS Maternal and Child Health (MCH) programs that indirectly have a positive impact on PPD.
- HHSC published its report in August 2020 and is available from the HHS Reports and Presentations page at hhs.texas.gov/laws-regulations/reports-and-presentations/all.

SB 436 – Pilot and Statewide Use of Opioid Use Disorder Maternal Safety Initiative

Scope:

- SB 436 requires DSHS to work with Maternal Mortality and Morbidity Review Committee (MMMRC) to develop and implement strategies related to improve care of women with opioid use disorder and newborns with neonatal abstinence syndrome (NAS).
- DSHS is permitted to conduct a limited pilot program before full implementation to be completed before March 2020.
- A report on the initiative is due December 1, 2020.

Progress:

- DSHS conducted a limited pilot program of the AIM Obstetric Care for Opioid Use Disorder (OB-OD) Bundle among hospitals with prior experience in caring for newborns with NAS or related conditions. Few, if any, entities in other states have fully implemented the OB-OD Bundle and technical resources/guidance to support implementation of the bundle are not available. States working on this bundle have been using it as a prototype with the goal that piloting and innovation will further refine implementation models.
- DSHS procured services with the Texas Hospital Association (THA) to provide additional support and resources to hospitals complete the limited pilot program.
- DSHS convened hospitals participating in the limited pilot program for a formative listening session. This included a facilitated gap analysis as well as recommendations for and sequencing of bundle implementation activities.
- Participating hospitals include: Baptist Medical Center, Ben Taub Hospital, Corpus Christi Medical Center, John Peter Smith Hospital, Memorial Hermann - Greater Heights, Parkland Health, St. David's North Austin, Seton Medical Center, Shannon Medical Center, and UTHSC-San Antonio.
- DSHS worked with participating hospitals to complete the limited pilot program by March 1, 2020. This limited pilot consisted of hospitals:
 - Forming an active opioid bundle multi-disciplinary team that meets regularly
 - Independently working toward implementation components of the AIM OB-OD bundle; and

- Developing strategies for regular reporting on bundle measures.
- As part of the evaluation process for the limited pilot program, DSHS held a series of focused meetings with participating hospital teams to further discuss the hospitals' experience with the bundle components. DSHS is currently working with a contractor to conduct structured qualitative interviews with the hospitals' team members, as well as state and national stakeholders, in addition to conducting a literature and resource review.
- Lessons learned through evaluation of the limited pilot program will add to the national knowledge base about implementing practice changes to improve care of women with opioid use disorder and newborns with NAS and will contribute to development of more effective implementation strategies.
 - DSHS initially delayed pilot evaluation because participating hospitals needed to focus their staff resources on their response to the COVID-19 Pandemic.
- DSHS plans for the evaluation of the pilot to be completed by February 2021. DSHS will publish a report of its findings by May 2021.
- In May 2021, DSHS plans to launch the first wave of the OB-OD Innovation and Improvement Learning Collaborative to support full implementation of the OB-OD bundle among hospitals that participated in the limited pilot program. The learning collaborative approach mirrors the approach DSHS took to successfully implement the obstetric hemorrhage.
- DSHS will also submit a legislative report on the pilot later this year.

SB 748 – Maternal Health Omnibus

Scope:

- Newborn/Delivery Screening Tests:
 - SB 748 requires DSHS to report on funds used from the newly established Newborn Screening Preservation Account. The funds may only be used to support startup costs for adding new conditions to the newborn screening panel as they are approved at the federal level.
 - DSHS must publish costs for newborn screening testing kits and instructions for providers for insurance reimbursement, and amend existing rules and fees to ensure newborn screening fees cover testing costs.
 - DSHS must amend rules for newborn screening testing costs and communicate to providers the need to test for congenital syphilis at delivery along with other required tests.
- HHSC Consultation with MMMRC on Maternal Issues:
 - HHSC is required to report on actions they have taken to reduce rates of maternal mortality, specifically in programs listed in HSC § 34.0158.
 - The MMMRC is required to consult with HHSC on program evaluations, as listed in HSC § 34.0159.
 - MMMRC is required to consult on HHSC's program to deliver prenatal and postpartum care through telehealth services or telemedicine medical services to pregnant women with a low risk of experiencing pregnancy-related complications. MMMRC is specifically required to assist in the selection of pilot counties.
 - MMMRC is required to assist HHSC in selecting pilot locations for their Pregnancy Medical Home Pilot Program.
- Data Collection: DSHS and MMMRC are required to annually collect information related to maternity care and postpartum depression.

- Federal Preventing Maternal Deaths Act Grant: DSHS is required to apply for grants under the federal Preventing Maternal Deaths Act of 2018.
- High Risk Care Coordination Pilot: DSHS is required to complete a high-risk maternal care coordination services program pilot.

Progress:

- Newborn Screening Tests:
 - DSHS fully added X-linked adrenoleukodystrophy to the newborn screening panel in August 5, 2019.
 - DSHS also began work to add spinal muscular atrophy (SMA) to the newborn screening panel after receiving approval to access funds via the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session [Article II, Special Provision 16(a1H), Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements].
 - Full implementation of SMA is contingent on receiving funds to fully implement the addition of the test to the panel.
 - DSHS included an exceptional item requesting these funds in its FY 22-FY 23 Legislative Appropriations Request.
 - Revenue from adding these and other tests to the newborn screening panel may begin funding of the newborn screening preservation account to support startup functions for adding new tests as they are approved at the federal level.
 - DSHS updated all related [rules and notices](#) for testing costs in December 2019 and updated [information for providers and patients](#) related to congenital syphilis testing in October 2019.
- HHSC Consultation with MMMRC on Maternal Issues: Prior to presenting potential pilot counties to the MMMRC, DSHS worked with HHSC on potential options. HHSC presented this information to the MMMRC during the December 2019 open meeting. MMMRC members made the following recommendations to HHSC:
 - Reach out to counties to find out infrastructure of services and governmental entities or interagency groups and how best to work with them;
 - Release a public survey to providers and the community;
 - Update data collection methodology so that it is based on the county of residence rather than where the delivery occurred; and broaden outreach for pilot participation and application.
 - HHSC staff are scheduled to present again to the MMMRC during their December 2020 meeting to further collaborate.
- Data Collection: DSHS has identified potential data sources and operationalized measure descriptions for maternal care and PPD data. DSHS is in the process of data use agreements to access information, as needed.
 - DSHS had to delay these activities because of the need for DSHS epidemiologists and other data specialists to lead COVID-19 response efforts. DSHS' goal is to complete data analysis and present interim findings to the MMMRC by the end of 2020.
 - DSHS expects additional data and related analysis to occur in 2021.
 - However, it is possible that the state does not collect all information asked for in statute.
 - If there are delays or gaps in the analysis, DSHS will inform the committee.
- Federal Preventing Maternal Deaths Act Grant: DSHS applied for a federal funding opportunity under the Preventing Maternal Deaths Act of 2018 and was awarded to participate in the

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant program. Grant requirements include identifying and reviewing all pregnancy-associated deaths within a two-year period and entering standardized data into the CDC's Maternal Mortality Review Information Application (MMRIA) system. This grant awards DSHS \$600,000 per year and 4 Full Time Employees (FTEs) to help enhance the work of the review committee.

- DSHS has hired all 4 positions;
 - The Texas MMRIA System went live in late July 2020.
- High Risk Care Coordination Pilot: DSHS is currently in the development phase of its high-risk maternal care coordination services program pilot. The agency's response to COVID-19 has delayed these efforts, but plans to start the pilot in September 2021 with a potential completion date of September 2023.
 - DSHS has thus far completed the following activities:
 - Hired two new staff.
 - Partnered with stakeholders to establish a High-Risk Maternal Care Coordination Services Pilot Program Implementation Workgroup and subcommittees.
 - Conducted a scan and review of existing risk assessment tools to identify pregnant women who are at a higher risk for poor health outcomes.
 - DSHS is currently in the process of creating a risk assessment tool to identify pregnant women who are at a higher risk for poor health outcomes. DSHS expects that a prototype of this tool will be developed by June 2021 and will be finalized through the piloting process.
 - Conducted a statewide scan of training courses provided by community health workers (CHWs) that target women of childbearing age to identify existing, relevant courses and potential opportunities to integrate risk assessment education.
 - DSHS is currently developing training courses for CHWs. DSHS plans to complete prototype courses by end of 2021 and to test courses through the piloting process.
 - Studied existing models of high-risk maternal care coordination services
 - The data prepared by DSHS on severe maternal mortality and morbidity for HHSC will inform selection of a pilot location for the high-risk maternal care coordination services program. DSHS has begun to identify procurement options for the pilot site.

SB 749 – Maternal/Neonatal Levels of Care

Scope: DSHS, in consultation with the Perinatal Advisory Council, was directed to:

- Develop processes to incorporate telemedicine and/or waivers for certain designation requirements,
- Develop appeals processes for the designation process, and
- Conduct a strategic review of the implementation of the neonatal and maternal designation process and provide a report to the legislature for each.

Progress:

- The development of telemedicine, waivers, and appeals process is contingent on formal recommendations from the Perinatal Advisory Council (PAC). The recommendations will assist in formulating proposed rules.

- The PAC has met several times during the biennium. COVID-19 delayed the PAC 's ability to meet as scheduled, which hampered work on recommendations that were expected to be finalized earlier in 2020.
- The PAC has resumed meetings virtually, but recommendations are forthcoming.
- DSHS will be prepared to incorporate recommendations as soon as they are finalized.
- The strategic reviews are based on the consideration submitted designation applications.
 - **Neonatal Strategic Review:** DSHS completed an initial strategic review of neonatal levels of care (legislative report available here) at the end of 2019. DSHS is submitting an update to this report in December 2020.
 - **Maternal Strategic Review:** DSHS has not received a sufficient number of maternal designations to conduct a sufficient review at this time. This is because SB 750 moved the deadline for hospitals to attain a maternal level of care designation until 2021, and because COVID-19 prevented hospital surveys from occurring.
 - DSHS will submit a brief legislative report in December 2020 outlining efforts to date and plans to submit a follow up report upon the receipt of a sufficient number of maternal designation applications, which is expected by September 2021. The follow-up report is expected in early 2022.

HB 750 - Relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs.

Scope:

- HB 750 updates the name of the Maternal Mortality and Morbidity Task Force to the Maternal Mortality and Morbidity Review Committee.
- HB 750 also requires DSHS to update their stakeholder notice with the requirement that record custodians must submit patient records within 30 days of request.
- DSHS is required to release information in compliance with the federal Preventing Maternal Deaths Act of 2018.

Progress:

- DSHS has updated the name of the MMMRC key documents and will continue to do so on other materials following the routine schedule for material review.
- DSHS has updated the appropriate stakeholders regarding the new requirement to submit patient records within 30 days and made the necessary language update to standard request notification.
- DSHS applied for a federal funding opportunity under the Preventing Maternal Deaths Act of 2018 and was awarded to participate in the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant program.

SB 2132 - Relating to the provision of information to certain women enrolled in the Healthy Texas Women program.

Scope:

- SB 2132 requires HHSC to consult with the MMMRC to improve the process for providing Healthy Texas Women information.

Progress:

- HHSC presented to the MMMRC in the December 2019 open meeting. The MMMRC provided feedback on how the Healthy Texas Women program communicates with their target population.